

2012-2014 WI EMS Provider License Renewal Instructions

Certification or licensing is done for the sole purpose of protecting the citizens of Wisconsin. It assures the public that an individual holding a certificate or license has met certain minimum competencies and that he or she is authorized to practice as defined by law.

All individual EMT and First Responder, ambulance service provider and medical first responder provider licenses expire on June 30th of even numbered years. Licenses must be renewed prior to the expiration date in order for the licensee to continue practicing and/or operating. You may not practice as an EMT or First Responder unless you have a current license/certificate.

Failure to receive a renewal notification does not relieve the holder of the responsibility to renew his/her license. Licensees should ensure that address and e-mail information is kept current on [Wisconsin E-Licensing](#) in order to best assure that they receive all renewal notifications and mailings from the Wisconsin EMS Section office. All renewal notices will be sent thru the [Wisconsin E-Licensing](#) system. If you do not receive your 2012-2014 WI EMS License Renewal information, you do not have a current email in the [Wisconsin E-Licensing](#) system, and **may be subject to a \$35.00 Returned Renewal Fee, as listed in DHS 110.16 (c).**

You must currently be licensed with a June 30, 2012 expiration date Wisconsin EMS Provider license. If you do not hold a current license, you will not complete a renewal application. You will need to meet the requirements to reinstate your lapsed license (DHS 110.09) then complete the 06-2011 Reinstatement application in the "Apply for a license" tab in your [Wisconsin E-Licensing](#) account.

The WI EMS Office only issues a single license at your highest eligible level (your "primary license level") based on your education and training. You will complete only one (1) renewal application.

Local credentialing is a process for obtaining both service director and medical director authorization to practice with a specific service and is done electronically using the "Local Credential Agreement" (LCA) form through your [Wisconsin E-Licensing](#) account. If you are listed as being on a service's roster (see your [Wisconsin E-Licensing](#) profile), do not complete a LCA for that service. The LCA process is only required to newly join services. Once you renew your license, your local credentials will remain in effect.

You may only renew at the level of your current license. If you are eligible to upgrade your license level or wish to downgrade your license level, you must complete the Provider Upgrade application or the Provider Downgrade application, NOT the renewal application.

2012-2014 WI EMS Provider Renewal information you need to complete the application

You will need the following information to complete your 2012-2014 EMS Provider Renewal Application:

- Initial or refresher EMS training completed between 7/1/2010 and 06/20/2012.
- Your current CPR card
- If you are renewing an Intermediate or Paramedic license, your current ACLS card "
- If you received a felony or misdemeanor conviction, or deferred prosecution since February 2008, have pending charges at this time or received a traffic violation that led to the suspension, revocation or withdrawal of your driver's license, all required court documentation (You will have the opportunity to upload the documents if you have them electronically).

2012-2014 WI EMS Provider Renewal information instructions

To begin the license renewal process log into the [Wisconsin E-Licensing](#)

Now Available!
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Consistent with JCAHO and NCQA standards for primary source verification.
Click [HERE](#) to be directed to the information!

Welcome to Wisconsin EMS E-Licensing!

If you hold a current EMS Provider license, you already have an *E-Licensing* account. Please **DO NOT** create a new account as it will not contain any of your license history and will just be deleted.

You may recover your user name and password through the "forgot password" function above. If your email address is not on file, contact the EMS Section at 608-266-1568, for account assistance.

Administrative Fees
Effective January 1, 2011
Under Administrative Rule DHS 110

Administrative fee of **\$75** must be submitted for any **REINSTATEMENT** application submitted between 07/01/2011 to 06/30/2012.

Administrative fee of **\$50** must be submitted with any **RECIPROCITY** application submitted after 01/01/2011.

Administrative fee of **\$25** must be submitted for all **Verification of Licensure** requested.

Administrative fee of **\$30** will be charged for all renewal notices returned due to an invalid address DHS 110.16(1)(c)

We are working on the credit card payment system within E-licensing. Until this is operational all fees will need to be submitted via cashiers check or money order made out to the "Department of Health Services" and submitted to:

WI EMS Section – Licensing
1 W Wilson St, Room 372
PO Box 2659
Madison, WI 53701-2659

User Name:
Password:

If you have never held a Wisconsin EMS Provider license and not been enrolled in a Wisconsin EMS course, you must create a new account:

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You will use the User name and password that you selected when you created your account in the *E-Licensing* system. If you have forgotten your password or user name, you can select the "Forgot Password" button or the "Forgot User Name" button to assist you with the recovery of your information. The next screen you see after your initial log in is below.



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[Apply For A License](#) | [Update Profile](#) | [Continue Application](#) | [Logout](#)

You are logged in. Welcome JACK SPARROW.

Account Demographics

Name: JACK SPARROW
Social Security Number: xxx-xx-6789
Birth Date: Saturday, December 12, 1992
Gender: Male
Address: 1 WEST WILSON
ROOM 372
Madison, Wisconsin 53701
Home Phone: 608-266-1568
Email: helen.pullen@wi.gov
Alerting Delivery Method: Email
Registered: November 1, 2011 at 12:49 PM
Last Updated: November 2, 2011 at 4:25 PM

User Certification Information

State Certification Level: EMT-Basic
State Certification Issue Date: 11/02/2011
State Certification Expiration Date: 06/30/2014
CPR Expiration Date: Thursday, January 31, 2013
ACLS Expiration Date:
PALS Expiration Date:

[Edit Profile](#)

[Click here to see your current services.](#)

Current Applications

User: JACK SPARROW

License: 2012-2014 Provider Renewal (Initiated on 11/02/2011)

Status: Issued

Form	Package	Requested	Completed	Actions
2012-2014 Renewal Part 1: EMS Work Force Survey	2012-2014 Provider Renewal	Wed 11/2/11	Wed 11/2/11	View
2012-2014 EMS Provider Renewal	2012-2014 Provider Renewal	Wed 11/2/11	Wed 11/2/11	View
License Card Generation 2014	2012-2014 Provider Renewal	Wed 11/2/11	Wed 11/2/11	View

User: JACK SPARROW

License: Basic Training Permit Application (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE)
(Initiated on 11/02/2011)

Status: Issued

Form	Package	Requested	Completed	Actions
1-2011 EMT-Basic Training Permit Application 1-2011	1-2011 Basic Training Permit Application 1-2011	Wed 11/2/11	Wed 11/2/11	View
License Card EMT-Basic Training Permit	License Card EMT-Basic Training Permit	Wed 11/2/11		Continue

User: JACK SPARROW

License: Local Credential Agreement (Initiated on 11/02/2011)

Status: Issued

Form	Package	Requested	Completed	Actions
Local Credential Agreement (Applicant) - 2010	Local Credential (Applicant) - 2010	Wed 11/2/11	Wed 11/2/11	View
Local Credential Agreement (Operations Manager) - 2010	Local Credential (Operations) - 2010	Wed 11/2/11	Wed 11/2/11	View
Local Credential Agreement (Medical Director) - 2010	Local Credential (Medical Director) - 2010	Wed 11/2/11	Wed 11/2/11	View

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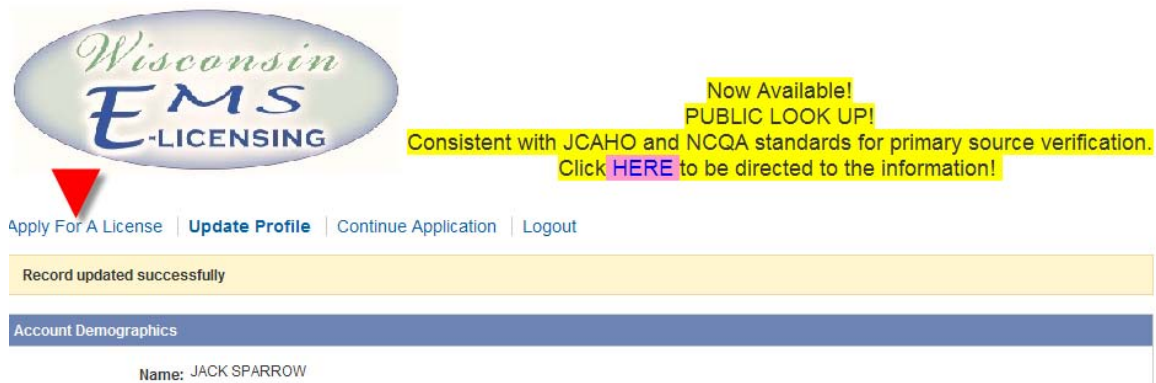
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The next page that you will see (image below) is the account profile page. This is the page that you will use to update and of your demographic information such as address changes, updated email address, update your CPR, and any other information that you need to update for your EMS profile.

The page is also where you will see what services you are locally credentialed with, if you see the [Click here to hide your current services.](#) You will see all of the services that you have a local credentialing agreement with.

To begin the license renewal process, click on "Apply for a License" as shown below.



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Now Available!
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Click [HERE](#) to be directed to the information!

[Apply For A License](#) | [Update Profile](#) | [Continue Application](#) | [Logout](#)

Record updated successfully

Account Demographics

Name: JACK SPARROW

Now select the "2012-2014 EMS Provider Renewal Application"



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Information for Renewal
Completion of the workforce survey is required prior to receiving your renewal application.

Applications Accepted Online

- 06-2011 Provider Reinstatement - Close date: Jun 30, 2012
- 2012-2014 Provider Renewal - Close date: Jul 1, 2012
- Basic Training Permit Application (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE) - Close date: Jun 30, 2020
- Basic Training Permit Local Credentialing Application (MUST HAVE A TRAINING PERMIT TO USE THIS FOR AN EMT-BASIC SERVICE ONLY) - Close date: Jun 30, 2020
- EMS INSTRUCTOR I LICENSE - Close date: Jun 20, 2020
- EMS INSTRUCTOR I LOCAL CREDENTIALING AGREEMENT(MUST HAVE INSTRUCTOR I LICENSE BEFORE THIS IS COMPLETED) - Close date: Jun 30, 2020
- EMS INSTRUCTOR II LICENSE - Close date: Jun 30, 2020
- EMS INSTRUCTOR II LOCAL CREDENTIALING AGREEMENT(MUST HAVE INSTRUCTOR II LICENSE BEFORE THIS IS COMPLETED) - Close date: Jun 30, 2020
- EMS Personnel Initial License Application - Close date: Dec 31, 2020
- Local Credential Agreement - Close date: Apr 8, 2020
- Out-of-State Trained Applicants Only - Verification of License Form - PRINT and MAIL form as directed - Close date: Dec 31, 2020
- Out-of-State Trained Applicants Only - Verification of Out-of-State Education - PRINT and MAIL form as directed - Close date: Dec 31, 2020
- Provider Downgrade Application - Close date: Jun 30, 2020
- Provider Upgrade Application - Close date: Jun 30, 2020
- Reciprocity License 8-2011 (FOR USE FOR OUT OF STATE EDUCATION OR OUT OF STATE LICENSURE) - Close date: Aug 26, 2012

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Under "Applications Accepted Online" you will find the "2012-2014 Provider Renewal-Close date July 1, 2012" application. You will need to click on the blue link to proceed to the next screen.



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Click [HERE](#) to be directed to the information!

[Apply For A License](#) | [Update Profile](#) | [Continue Application](#) | [Logout](#)

You are logged in. Welcome JACK SPARROW.

Account Demographics

Name: JACK SPARROW
Social Security Number: xxx-xx-6789
Birth Date: Saturday, December 12, 1992
Gender: Male
Address: 1 WEST WILSON
ROOM 372
Madison, Wisconsin 53701
Home Phone: 608-266-1568
Email: helen.pullen@wi.gov
Alerting Delivery Method: Email
Registered: November 1, 2011 at 12:49 PM
Last Updated: November 2, 2011 at 3:01 PM

User Certification Information

State Certification Level: EMT-Basic
State Certification Issue Date: 11/02/2011
State Certification Expiration Date: 11/02/2011
CPR Expiration Date: Thursday, January 31, 2013
ACLS Expiration Date:
PALS Expiration Date:

[Edit Profile](#)

[Click here to see your current services.](#)

Current Applications

User: JACK SPARROW

License: 2012-2014 Provider Renewal (Initiated on 11/02/2011) Status: In Process

Form	Package	Requested	Completed	Actions
2012-2014 Renewal Part 1: EMS Work Force Survey	2012-2014 Provider Renewal	Wed 11/2/11		Continue

User: JACK SPARROW

License: Basic Training Permit Application (ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE) (Initiated on 11/02/2011) Status: Issued

Form	Package	Requested	Completed	Actions
1-2011 EMT-Basic Training Permit Application 1-2011	1-2011 Basic Training Permit Application 1-2011	Wed 11/2/11	Wed 11/2/11	View
License Card EMT-Basic Training Permit	License Card EMT-Basic Training Permit	Wed 11/2/11		Continue

User: JACK SPARROW

License: Local Credential Agreement (Initiated on 11/02/2011) Status: Issued


Form	Package	Requested	Completed	Actions
Local Credential Agreement (Applicant) - 2010	Local Credential (Applicant) - 2010	Wed 11/2/11	Wed 11/2/11	View
Local Credential Agreement (Operations Manager) - 2010	Local Credential (Operations) - 2010	Wed 11/2/11	Wed 11/2/11	View
Local Credential Agreement (Medical Director) - 2010	Local Credential (Medical Director) - 2010	Wed 11/2/11	Wed 11/2/11	View

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Click on "Continue." Completion of this survey is required to renew your license. It is necessary to gather information about the EMS workforce to determine future EMS needs. Your answers are confidential and will not be released. Aggregate results will be posted on our website.

Complete the Workforce survey being sure to answer all questions that pertain to your situation.



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2012-2014 Renewal Part 1: EMS Work Force Survey
Page 1 (STEP 1 OF 3)

Page 1

The EMS Office, along with its partners, are interested in collecting information about the EMS workforce. Your answers to this survey are confidential. Only aggregate data will be reported. Data will assist in learning about workforce demographics and trends as well as assist with planning for needs of EMS in the future. We appreciate your time in completing this EMS Workforce Survey. The survey should take about 5 minutes to complete. Your input is crucial for learning more about the EMS workforce. Results will be available at [www.dhs.wisconsin.gov/ems](#) as soon as all data is collected and tabulated.

You must also complete the 2012-2014 EMS Provider License Renewal Application that will follow this survey.

Thank you and we appreciate your time!

* Length of service as an EMS Provider:

Length of service as an EMS Provider -

* What level license do you currently hold?

What level license do you currently hold? -

* Are you currently providing pre-hospital patient care?

Are you currently providing pre-hospital patient care? -

* If yes, at what level(s) are you practicing?

If yes, at what level(s) are you practicing? -

* Please describe your current status as an EMS Provider?

Please describe your current status as an EMS Provider? -

* Number of hours per week practicing as an EMS Provider:

Number of hours per week practicing as an EMS Provider -

* If you volunteer as an EMS Provider, do you receive any compensation as a volunteer?

If you volunteer as an EMS Provider, do you receive any compensation as a volunteer? -

* If you volunteer, where do you respond from?

If you volunteer, where do you respond from? -

* Of the service(s) that you volunteer for the most - would you consider this a rural service or an urban service?

Of the service(s) that you volunteer for the most - would you consider this a rural service or an urban service? -

* Do you plan to increase the number of hours you practice as an EMS Provider in the near future?

Do you plan to increase the number of hours you practice as an EMS Provider in the near future? -

* Have your hours been reduced in the last year?

Have your hours been reduced in the last year? -

* How many different EMS services are you currently credentialed with?

How many different EMS services are you currently credentialed with? -

* What is the length of your usual EMS shift?

What is the length of your usual EMS shift? -

* If you work full time for an ambulance service would you consider the service to be rural or urban?

If you work full time for an ambulance service would you consider the service to be rural or urban? -

Please indicate how satisfied you are with the following:

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Unsatisfied	Very Unsatisfied
* Pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Collegial Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Worksite Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Educational Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Advancement Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Shift	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Work Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Personally Rewarding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Are you practicing as an EMT in another state?

Are you practicing as an EMT in another state? -

If yes, which state(s):

* Have you ever seriously considered leaving EMS?

Have you ever seriously considered leaving EMS? -

If yes, why?

* Do you work in a field other than practicing as an EMT?

Do you work in a field other than practicing as an EMT? -

* What is your highest level of education?

What is your highest level of education? -

* Have you received education or training on emergency preparedness?

Have you received education or training on emergency preparedness? -

* Emergency Preparedness Training Courses:

☐ Incident Command System (ICS) 100 ☐ Incident Command System (ICS) 200 ☐ Incident Command System (ICS) 300 ☐ Incident Command System (ICS) 400 ☐ National Incident Management System (NIMS) 700 ☐ National Incident Management System (NIMS) 900 ☐ I have taken other similar courses but not those specified

* Are you a Emergency Preparedness Volunteer?

Are you a Emergency Preparedness Volunteer? -

* Are you in the Medical Reserve Corps (MRC)?

Are you in the Medical Reserve Corps (MRC)? -

Additional Comments:

Submit

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Once you complete and submit the survey, the "2012-2014 EMS Provider Renewal Application" will be available under "current applications."

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Current Applications

User: JACK SPARROW

License: 2012-2014 Provider Renewal (Initiated on 11/02/2011) **Status: In Process**

Form	Package	Requested	Completed	Actions
2012-2014 Renewal Part 1: EMS Work Force Survey	2012-2014 Provider Renewal	Wed 11/2/11	Wed 11/2/11	View
2012-2014 EMS Provider Renewal	2012-2014 Provider Renewal	Wed 11/2/11		Start

Click "Start" to complete the renewal application answering all required questions. You must scan and upload relevant documents (such as court documents, name changes, marriage certificates or divorce name change documents) to your application, if needed at the end of the application.

Answer the questions as applicable on the application

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2012-2014 EMS Provider Renewal

Demographic Information (STEP 1 OF 3)

[Demographic Information](#) | [Training](#) | [Criminal Offenses/Traffic Violations](#)

Personal Information

* First Name: JACK
Middle Name:
* Last Name: SPARROW
Email: helen.pullen@wi.gov
* Address: 1 WEST WILSON
ROOM 372
City: Madison
County: Dane
State: Wisconsin
Postal Code: 53701 [Lookup](#)

Instructions

1. Please review your e-Licensing profile and update your personal information, as necessary.
2. Carefully read and answer all questions on this form then electronically sign and date the form. Once you submit the renewal application electronically, you will be unable to change any answers.
3. If you answer yes to any criminal history or driver question, you must submit all required documentation by one of the following methods:
 - EMS Renewal, PO Box 2659 Madison, WI 53701-2659
 - Scan then email documents to dhsemssmail@wisconsin.gov
 - Upload the documents to e-licensing

Once your renewal application is processed, a pdf of your license will be available for printing through your e-licensing account.

[Save and Continue](#)

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Click “Save and Continue” to go to the next page. This application has 3 pages; all must be completed in order for the system to correctly process the information.



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2012-2014 EMS Provider Renewal

Training (STEP 2 OF 3)

Demographic Information **Training** Criminal Offenses/Traffic Violations

Demographic Information **Training** Criminal Offenses/Traffic Violations

Refresher Training Requirements

You must complete training between 7/1/10 and 6/30/12 to renew your license. Training requirements may be met through one of the following methods:

- Completion of an initial EMS course at or higher than the level of your current active license
- Completion of a formal refresher course at the level of your current active license taken through a Wisconsin EMS training center
- Completion of individual continuing education credits that meet the requirements for your license level (except First Responder)

If you took a formal course, please enter the total number of hours completed and ignore the red number in the right hand column. If you took continuing education credits (flexible content refresher) all numbers in each topical area must be green to meet the minimum hours required in each topical area.

Training

Provider Training Requirements

EMT-Basic training requirement Refresher - Basic (30.00 hours required)

Topic	Training Name	Date	Location	Hours	Completed
Initial EMT-Basic		/ /	Today		0 of 30
Formal Basic Refresher		/ /	Today		0 of 30
Initial EMT-Intermediate Techn		/ /	Today		0 of 30
Initial EMT-Intermediate		/ /	Today		0 of 30
Initial EMT-Paramedic		/ /	Today		0 of 30
Initial Critical Care Paramedic		/ /	Today		0 of 30

Total completed requirement hours: 0 of 30.00

[Add More Training](#)

OR

EMT-Basic training requirement Electives (24.00 hours required)

Topic	Training Name	Date	Location	Hours	Completed
Adult medical assessment an		/ /	Today		0 of 4
Adult trauma assessment an		/ /	Today		0 of 4
Airway		/ /	Today		0 of 2
Pediatric medical assessment		/ /	Today		0 of 2
Pediatric trauma assessment		/ /	Today		0 of 2
OB		/ /	Today		0 of 1
Operations		/ /	Today		0 of 2
WMD/Preparedness		/ /	Today		0 of 2
Flexible Content		/ /	Today		0 of 5

Total completed requirement hours: 0 of 24.00

[Add More Training](#)

AND

EMT-Basic training requirement Flexible Refresher (6.00 hours required)

Topic	Training Name	Date	Location	Hours	Completed
6-hour Basic Flexible Refres		/ /	Today		0 of 6

Total completed requirement hours: 0 of 6.00

[Add More Training](#)

* CPR Sponsor: - CPR Sponsor -

* CPR Expiration Date: 01 / / 2013

If renewing as an Intermediate or Paramedic, you must enter current ACLS. You must enter both the ACLS sponsor and the expiration date.

ACLS Sponsor: - ACLS Sponsor -

ACLS Expiration Date: / /

PALS Sponsor: - PALS Sponsor -

PALS Expiration Date: / /

You must enter training that meets the minimum number of hours required in each topical area. All numbers in the right-hand column should be green.

[Save and Continue](#)

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Click "Save and Continue" to go to the next page. This application has 3 pages; all must be completed in order for the system to correctly process the information.



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2012-2014 EMS Provider Renewal

Criminal Offenses/Traffic Violations (STEP 3 OF 3)

[Demographic Information](#) | [Training](#) | [Criminal Offenses/Traffic Violations](#)

[Demographic Information](#) | [Training](#) | [Criminal Offenses/Traffic Violations](#)

Criminal Offenses/Traffic Violations

* Since February 1, 2008, have you been convicted of any felony or misdemeanor offense(s) or been offered deferred prosecution not previously reported to the EMS Office? ☐ Yes ☐ No

If yes, you must click "add" then list each conviction below. You must also submit the following for each offense:

- (1) judgment of conviction
- (2) formal/criminal complaint
- (3) verification of compliance with all court-ordered requirements
- (4) letter from your probation/parole officer summarizing your compliance with probation/parole, if you are on supervision.

Name of Offense	Date	Location	Name of Authority/Court	Action Taken	Delete
None					

[Add](#)

* Do you have any felony or misdemeanor offense(s) pending against you at this time? ☐ Yes ☐ No

If yes, you must click "add" and list pending charges below then submit a copy of the formal/criminal complaint and the current status of your charges.

Name of Offense	Date	Location	Name of Authority/Court	Action Taken	Delete
None					

[Add](#)

* Since February 1, 2008, have you received any traffic violations that resulted in the suspension, revocation or withdrawal of your driver's license? ☐ Yes ☐ No

If yes, you must click "add" and enter your offenses below then submit a copy of your current driver abstract available from the Wisconsin Department of Transportation by calling 608-261-2566.

Name of Violation	Date	Location	Name of Authority/Court	Action Taken	Delete
None					

[Add](#)

File Uploads

You may upload any attachments (i.e., court records, driver abstract) to your application by clicking on the 'add' button below.

Edit	Name	File Name	Document Type
	None		

[Add](#)

Signature

I attest that I am the person who completed this form and that no one completed it for me.

I certify that all information provided on this form to be true and complete and that I meet the requirements for the renewal of my EMS Provider license for the level indicated.

I also certify that I have completed all refresher education requirements and that I will provide proof of completion immediately upon request from the EMS Office. I understand that failure to provide such proof upon request in a timely manner may result in the suspension of my EMS Provider license and that I may not practice until that license is reinstated.

* Username :
* Password :

[Submit Application](#)

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Your application is not complete until it is signed electronically using your [Wisconsin E-Licensing](#) user name and password and all additional supporting documentation is received in the EMS Office. Do not submit copies of your refresher training, this information is posted to your E-Licensing account from your training center, or CPR/ACLS cards but do keep them on file for at least five (5) years.



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Record updated successfully
Note added successfully

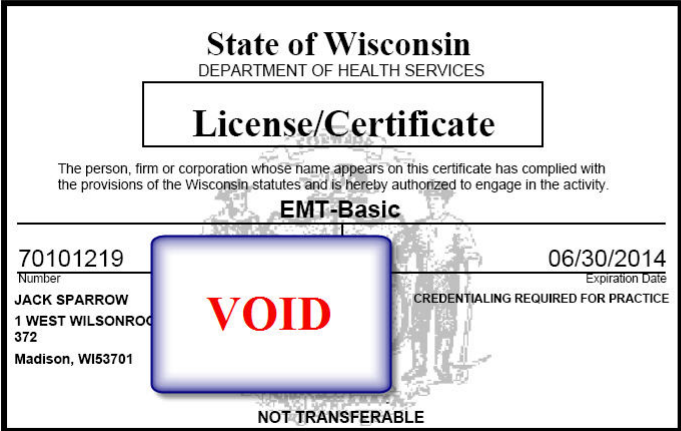
Current Applications

User: JACK SPARROW


License: 2012-2014 Provider Renewal (Initiated on 11/02/2011) **Status: Issued**

Form	Package	Requested	Completed	Actions
2012-2014 Renewal Part 1: EMS Work Force Survey	2012-2014 Provider Renewal	Wed 11/2/11	Wed 11/2/11	View
2012-2014 EMS Provider Renewal	2012-2014 Provider Renewal	Wed 11/2/11	Wed 11/2/11	View
License Card Generation 2014	2012-2014 Provider Renewal	Wed 11/2/11	Wed 11/2/11	View

After you have completed the process, you will be able to print off your WI EMS 2012-2014 EMS Provider license. As shown in the image below.



Cut on this line



Cut on this line

REMOVE THIS CARD TO CARRY AS IDENTIFICATION

If you do not renew your WI EMS 2012-2014 license by June 30, 2012, you may not function as an EMS provider after June 30, 2012.

The 2012-2014 EMS Provider Renewal Application will only be available until June 30, 2012. Any 2012-2014 EMS Provider Renewal Application not submitted to E licensing prior to July 1, 2012 will be considered a late renewal under DHS 110.09 (1).

2012-2014 WI EMS Provider Late Renewal information instructions

Starting July 1, 2012 the 2012-2014 EMS Provider Late Renewal Application will be available. It will only be accessible until December 31, 2012 and must be submitted to E licensing prior to this date. **Under DHS 110.16 (1) (a) the applicant for a late renewal will be charged a \$50.00 late renewal fee.**

Starting January 1, 2013 all 2012-2014 EMS Provider Licenses not renewed will be in Reinstatement [DHS 110.09 (2)]. As of January 1, 2013 you will need to fulfill the following to regain your certification or license:

- Complete a 2013 Provider Reinstatement form in your E Licensing account
- Provide continuing education for the previous renewal cycle (2010-2012).
- \$75.00 reinstatement fee
- Complete an assessment exam (written and practical) through the National Registry of EMT's. Each individual must have approval letter from the WI EMS Office prior taking the exam.
- Proof of successful completion of the NREMT assessment exam (written and practical).
-

THE REINSTATEMENT PERIOD UNDER DHS 110 WILL BEGIN ON JANUARY 1, 2014 AND END ON DECEMBER 31, 2014

If you have not reinstated your license by the above date you will become lapsed and will be required to complete an initial course of training to obtain a certificate or license (DHS 110.09). If you have any questions, please feel free to contact the WI EMS Office.

2012-2014 Renewal Audit Process

The EMS Office has been conducting random audits of the renewal process. If you are selected for an audit, you must provide all requested documentation. Copies of all information entered on this 2012-2014 EMS Provider Renewal Application must be retained for at least 5 years. Failure to provide required documentation will result in the suspension of your EMS Provider license!

Go to E-Licensing: <https://www.wi-emss.org/public/wisconsin> (exit DHS)

Please contact dhsemssmail@wisconsin.gov with any questions.